



## CHANGE OF PERSONAL INFORMATION

**Fill in all applicable information and forward to Human Resources. Please print clearly.**

<b>Name:</b> _____	<b>Social Security #:</b> _____
<b>Employee #:</b> _____	

### NAME CHANGE

**Name Changed to:** \_\_\_\_\_

**Reason for Name Change:** \_\_\_\_\_

\* Attach document supporting change.

### STATUS/ADDRESS/PHONE CHANGE/EMAIL

**Marital Status:** ( ) Single ( ) Married ( ) Divorced ( ) Legally Separated

**New Address:** \_\_\_\_\_  
Street, P.O. Box, Apt. #, Route

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Phone:** ( ) \_\_\_\_\_

\*Your direct deposit advice will be emailed to this address.

**Email Address:** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION CHANGE

**Name:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

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#### Personnel Use Only

Entered by: \_\_\_\_\_

Date entered into MUNIS: \_\_\_\_\_

Once completed turn in to Human Resources